



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
www.hivcommission-la.info

*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## COMMISSION ON HIV MEETING MINUTES January 11, 2007

**APPROVED**  
**2/8/07**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Ruben Acosta	Cinderella Barrios-Cernik	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Daisy Aguirre	Donna Brown	Kyle Baker
Diana Baumbauer	Al Ballesteros	Joseph Cadden	Angela Boger
Carrie Broadus	Alicia Crews-Rhoden/Precious Jackson	Mark Davis	Michael Green
Robert Butler	Hugo Farias	Lisa Fisher	Jacqueline Jackson
Mario Chavez	William Fuentes	Idabelle Fosse	Terina Keresoma
Whitney Engeran	John Griggs	Christen Gibson	True Pawluck
Douglas Frye	Richard Hamilton	Shawn Griffin	David Pieribone
David Giugni	Jan King	Mike Johnson	Jacqueline Rurangirwa
Terry Goddard	Gloria Pérez	Lee Kochems	Lanet Williams
Jeffrey Goodman	Mario Pérez	Gabriela Leon	Juhua Wu
Brad Land/Dean Page	Wendy Schwartz	Victor McKamie	Dave Young
Anna Long	James Skinner	Elizabeth Mendia	Virgilio Zabala
Davyd McCoy	Ron Snyder	Jane Price	
Ruel Nollo	Gilbert Varela	Emma Robinson	
Quentin O'Brien		Jill Rotenberg	
Everardo Orozco		Rachel Russell	
Angélica Palmeros		Nalalie Sanchez	Virginia Bonila
James Smith		Paul Scott	Miguel Fernandez
Peg Taylor		Onina Saportas	Jane Nachazel
Kathy Watt		Tania Trillo	Glenda Pinney
Fariba Younai		Patricia Woody	Doris Reed
			James Stewart
			Craig Vincent-Jones
			Nicole Werner

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:10 a.m. Quorum achieved by 10:00 am.
  - Roll Call (Present):** Baumbauer, Braswell, Engeran, Frye, Giugni, Goddard, Goodman, Land, Long, Nollo, O'Brien, Orozco, Palmeros, Watt
- APPROVAL OF AGENDA:**

**MOTION #1:** Approve the Agenda Order with revision for Adjournment (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the minutes from the December 14, 2006 Commission meeting (*Passed by Consensus*).
- PARLIAMENTARY TRAINING:** There was no report.

**5. PUBLIC COMMENT, NON-AGENDIZED:**

- Ms. Rotenberg invited all to the SPA 4 SPN monthly lunch meeting on January 31<sup>st</sup>, 12:00 noon to 1:30 pm, at APLA.

**6. COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.

**7. PUBLIC/COMMISSION COMMENT FOLLOW-UP:**

**A. Closure of USC ACTG:**

- Mr. Vincent-Jones reported that the week after the December Commission meeting, notification was received that funding would be retained for at least two years.
- It is not yet known whether or not there will be a budget cut, adding that it was important to remain vigilant.
- Mr. Johnson commented that the trend is away from urban areas to rural and international ones. He recommended developing a rapid response procedure for future funding threats.
- Dr. Cadden, Medical Director, 5P21, thanked the Commission for its assistance. He noted that, in addition to renewing funding, the NIH is reviewing the application which could result in improved funding.

**8. CO-CHAIRS' REPORT:**

**A. Commission Co-Chair Election:**

- Mr. Stewart announced that Mr. Braswell was the only nominee. No other candidates were nominated.  
**MOTION #2A:** Re-elect Anthony Braswell as Commission Co-Chair (*Passed: 17 Ayes; 1 Opposed; 1 Abstention*).

**B. Revised By-Laws: Committee Structure Reorganization:**

- Mr. Braswell noted that the By-law revisions were out for public comment until February 8<sup>th</sup>.
- Mr. Butler said the revisions result in the eliminate of the Finance Committee, and transferring its various functions to the Recruitment, Diversity and Bylaws (RD&B) and the Priorities and Planning (P&P) Committees. The RD&B Committee will be re-named the Operations Committee. Mr. O'Brien noted that the operational Finance areas were assigned to RD&B, and the planning-related subjects were assigned to P&P.
- Mr. Land asked how committee assignments would be addressed following the reconfiguration. Mr. Vincent-Jones replied that Committee assignments were made at the beginning of the calendar year, and the Co-Chairs would wait until the reconfiguration of the Committees was decided.

**9. EXECUTIVE DIRECTOR'S REPORT:**

- A. Annual Meeting:** Mr. Vincent-Jones reported that, in concert with the decision to move next year's Annual Meeting to October, space has been reserved at the California Endowment's Center for Healthy Communities (the same venue as the past Annual Meeting) on October 11-12, 2007.

**10. STATE OFFICE OF AIDS REPORT:**

- Ms. Taylor reported that ADAP funding would probably be sufficient for the year. Title II funds the consortia, CARE HIPP, community-based care and other programs with about \$31 million. ADAP receives an earmark of more than \$90 million. Funding for Title II of the CARE Act is not yet certain. Much depends on HRSA's definition of "hold harmless". It appears they plan to evaluate the base and earmarks separately. She said it might help that three California representatives now sit on the House and Senate Appropriations Committees. She indicated that the new Modernization Act is complex and OA is in the process of analyzing it in association with the National Alliance of State and Territorial AIDS Directors (NASTAD), the organization primarily addressing Title II issues.
- Policies are being developed to improve efficient fund utilization through approaches that are complementary across Titles.
- Ms. Taylor reported that OA will meet in February with grantee and planning council representatives. Discussions will focus on how various EMAs are addressing issues raised by Reauthorization like the requirement that 75% of Title I funds be devoted to medical care. For example, 92% of funds for the Title II ADAP program go to medications. HRSA might allow high medical percentage programs like those in Title II to apply toward an overall 75/25 balance.
- Ms. Taylor noted that HRSA and CDC are enforcing a tight timeframe to ensure EMAs meet data requirements. They have said partial funding might result unless all states have provided acceptable data within the requested timeline.
- Mr. Goodman asked for an update on her office's assistance with Medicare, Part D, premium payments resulting from the budget allocation. He also asked whether or not ADAP had been able to identify preferable pharmacy programs, as she had said they intend to do.
- Ms. Taylor said 8,000 packets of information had been sent to clients who are potentially eligible for premium assistance. About 1,100 are now in the database, while about one-third of potential clients lack complete applications and another third were found ineligible. Mr. Butler recommended redesigning materials since many had found them confusing. Ms. Taylor

responded that they are working to improve client communication and support, but the annual federal materials are received with little time to spare. Ms. Taylor added that about \$20,000 has been paid so far to seven insurance plans. ADAP and CARE HIPP staff continues to help clients attain eligibility.

- Ms. Taylor replied OA had been unable to narrow the field of providers this year, as planned. The website had been designed, but not implemented—although it is hoped some guidelines can be developed for next year. Mr. Vincent-Jones asked if the website was halted due to programmatic difficulties or legal concerns. Ms. Taylor responded that she was certain, but thought it was the latter.
- Mr. Engeran asked for information on a \$2 million budget proposal to fund technical assistance for the names-based reporting conversion. Ms. Taylor replied the funds were intended to help counties with their associated transition costs, as was the case for the requested six CDC staff.
- Mr. Engeran also asked about a proposed group to study potential changes to the Therapeutic Monitoring Program (TMP) and the proposals it is considering: for example, changing the distribution formula from a jurisdiction basis to client basis, or augmenting dollars. Ms. Taylor said TMP, which funds resistance and viral load testing, is using its \$4 million in general funds at a faster pace than ever before. No formal committee/work group has been formed on the subject yet, but options for increased funding are being reviewed. Mr. Engeran noted that the call for increased routine testing must be supported with improved TMP support or the system can only worsen.
- There was discussion on how to best funnel diverse questions regarding state coordinated programs. Mr. Vincent-Jones noted he normally was the conduit for such questions in order to ensure suitable Commission agenda time and time to alert Ms. Taylor to gather pertinent information. Public Policy Committee Co-Chairs, as suggested by Mr. Engeran, can also be copied. Mr. Vincent-Jones noted topics are more diverse, requiring more coordination, than last year when most discussion was on reauthorization and names reporting.

#### 11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

- Dr. Green reported there was no additional news about Reauthorization, but a Congressional meeting was scheduled for the end of January at which many questions were likely to be answered. OAPP staff would be in attendance.
- Dr. Kevin Fenton, Director, CDC HIV, STD, TB and Hepatitis Branch, will visit California in February. Advance topics provided by Dr. Fenton include coordination and collaboration among public health programs at each local and state level regarding HIV, STDs, TB and Hepatitis. He will visit at least one incarceration setting and one contracted provider of prevention services to the LGBT community. He also wants to meet with those CBOs directly funded by CDC.
- Dr. Green said OAPP would seek clarification during the visit regarding CDC's plans to help health jurisdictions start using the new clinical setting testing guidelines. The guidelines have been issued without implementation information or guidance.
- Regarding the Medical Outpatient rate study, Dr. Green noted that the reconstituted Mercer team was in Los Angeles doing site visits with some of the outpatient medical providers. OAPP has been working with the Medical Outpatient Provider Caucus to help medical providers become more involved in development of the rate study recommendations.
- The Medical Outpatient Caucus had provided a list of 8 – 10 medical outpatient providers currently contracted by OAPP that represent a variety of current clinical practice models for the two- to three-hour discussions of services and delivery patterns in Los Angeles County. All medical care providers were invited to meet with Mercer at OAPP on January 12<sup>th</sup> to discuss information gleaned during the site visits. The Health deputies will be briefed later.
- Mr. Engeran asked if this review would change any of the architecture. Dr. Green anticipated some changes—not to the basic methodology and scope of work—but to augment and revise the architecture to better reflect the methodology.
- Dr. Green reported that the Mercer draft was expected to be ready in 90 days to go out for a 60-day public comment period. It will serve as the basis for joint OAPP-Standards of Care (SOC) Committee discussions on potential effects on both medical outpatient care services providers and the Continuum of Care. Mr. Vincent-Jones noted that OAPP had sent two communications (in the packet) to the medical providers on this subject.
- Ms. Broadus asked why the rate study was being reviewed. Mr. Vincent-Jones noted that the Commission had had reservations on how the study had been conducted and had voted to take no position on it for that reason. OAPP is responding to the concerns raised, in part, by the Commission. While the Commission does not approve the rates, and chose not to weigh in on the methodology, since it had been developed without Commission consultation, Mr. Vincent-Jones noted that the Commission could always vote to approve the final report once it sees, and if it finds it consistent with the Commission's interests.
- Dr. Green announced that there are some new funding opportunities for CBOs. SAMSHA has released an RFA for 65 awards across the country. The awards of about \$500,000 per year for five years are to link outreach activities for substance use prevention and early intervention to medical care. CBOs previously funded during the 2003 or 2006 funding cycles are ineligible for this cycle. SPNS is funding about eight demonstration project awards in innovative ways to link PWHIV leaving incarceration settings with primary medical care.
- Mr. Pieribone reported OAPP is sending a letter to providers and stakeholders describing the revised food voucher project.

- He also announced that OAPP was sponsoring a crystal meth forum on January 24<sup>th</sup> at St. Anne's Maternity Home for providers and another forum on January 25<sup>th</sup> for physicians at OAPP.

**12. HIV EPIDEMIOLOGY PROGRAM REPORT:**

- Dr. Frye reported further on the previous day's meeting with CDC representatives, Doug Morgan of HRSA, NASTAD and surveillance coordinators. All of California's AIDS cases will be counted for formula funding purposes, plus approximately 14,777 coded HIV/non-AIDS cases counted by the state for LA County as of December 31, 2005 in a frozen data segment. Names reporting has collected over 2,000 cases to date. There is a 5 percent penalty because coded data cannot be fully de-duplicated. There is a one week turnaround for the state epidemiologist to certify data for the state and all nine EMAs with code-based reporting.
- The data set next year will be people living with HIV and AIDS as of December 31, 2006.
- Ms. Broadus asked if there were efforts to better address those people the CDC currently classifies under "unidentified risk." Dr. Frye replied that behavioral surveys are designed to explore such questions, but are separate from surveillance itself. Population density makes it prohibitive for HIV Epidemiology to interview as part of surveillance. However, methodologies like "capture-recapture" are being discussed with the CDC to better explore all risk factors in a nationally uniform manner.

**13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:**

- Mr. Giugni reported that the PPC met January 4<sup>th</sup>.
- The CDC's new HIV testing guidelines for medical settings was discussed at the Colloquia. As of September 22, 2006, the CDC has recommended routine opt-out testing for those aged 13 – 64, including patients initiating TB therapy (since 30% of TB patients are HIV+) and patients seeking STD treatment (since 60% of syphilis cases are HIV+).
- While the CDC recommends incorporating HIV testing consent with general medical consent, Ms. Taylor noted the OA had reviewed California legislation and found a separate consent is currently required.
- The CDC recommends that high risk persons be screened annually, including IV-drug users and their partners, anyone exchanging sex for money or drugs, sexual partners of PLWH/A, those who have had more than one same or heterosexual partner since last visit and that person's partner, and anyone prior to initiation of a new relationship.
- Pregnant women are advised to be tested as part of the normal panel of tests, with repeat testing for women entering their third trimesters and later testing for jurisdictions with high HIV incidence and for women at high risk of HIV.
- Apart from the colloquia, the PPC approved three new members, for a total membership of 23.
- The PPC has submitted its critical questions for the joint Commission-PPC community needs assessment. Mr. Giugni requested an update on when the draft survey tool and protocols for its administration might be available. Mr. Vincent-Jones replied that the Commission has completed the shared portions of the survey and will now be focusing on those portions that relate specifically to either care or prevention. The surveys should be finalized within the next month or so.
- Mr. Guigni asked if there was an exemption from the IRB approval process. Mr. Vincent-Jones replied that exemptions are only granted after the application has been submitted, but exemption is anticipated.
- Ms. Watt noted that meetings on the next prevention plan have begun. Primary work will take place within subcommittees. She will provide dates to the Commission offices for distribution.

**14. TASK FORCE REPORTS:**

- A. Commission Task Forces:** There were no reports.
- B. Community Task Forces:** There were no reports.

**15. SPA/DISTRICT REPORTS:** There were no reports.

**17. STANDING COMMITTEE REPORTS:**

**A. Priorities and Planning (P&P) Committee:**

**1. Program Support Recommendations:**

- Mr. Goodman presented a PowerPoint, recommendation detail and summary, as well as a memorandum on prioritization and allocation instructions.
- He noted that HRSA defines program support as activities, like capacity building or services evaluation, which help improve services, but do not include services or their administration. Basic categories are: capacity development, technical assistance, data management, provider training and certification, rate studies, services coordination, and research and evaluation.
- The Subcommittee, formed in 2004, first reviewed HRSA's intent, defined goals, determined program support categories, defined activities within categories, defined outcomes, and defined outcome measurements.

- Mr. Goodman noted that some categories, identified as “musts”, are required by the CARE Act or other governmental bodies. Others, “needs”, represent other necessities, for example, conformity with the standards of care. Finally, others are desirable, “shoulds”, but not necessarily fundable with available resources.
- HRSA has allowed planning councils to allocate, as the Commission has done, up to 5% of Title I grant funds to program support. The Title I funds allocated to program support constitutes approximately 30% of overall program support function. Active Commission allocation authority is restricted to the Title I funds.
- Of the 25 activities ranked, the first nine are required by law, activities ranked 10-14 are required to keep the system compliant, activities 15-24 are considered important in making the system effective. Client orientation was ranked 25<sup>th</sup> because it was thought to be duplicative of other services.
- Ms. Broadus continued the presentation, noting that HRSA has notified the grantee and the planning council that the will not allow expenditures for “capacity building”, as the EMA has traditionally known those activities (grant writing, etc.). As a result, the Committee renamed it “technical assistance”, and is not allocating in program support funding to it. That is different than what is described under “capacity development”, which is allowable by HRSA. Technical assistance supports community providers with skills-building, technical expertise and infrastructure support, and OAPP may choose to support those activities through other funds.
- Ms. Broadus noted that categories 11-14, all related to training and certification, were given reduced allocations in order to maintain allocations in categories that promote, monitor and synchronize services.
- Some categories, though highly ranked, were allocated 0 Title I dollars because other funding is available.
- Mr. Land noted that allocations were done in dollars, rather than percentages, as required by the HRSA Project Officer.
- Mr. Engeran asked if the Commission could see the other resources. Ms. Broadus responded that OAPP worked with the Subcommittee. Since Title I is funding of last resort, OAPP is aware other resources should be used to fund allocations made if possible. However, the Commission has no authority over NCC or other funding streams.
- Mr. Engeran asked what mechanism was in place to ensure other funding sources are brought into play as appropriate. Mr. Land responded that the Subcommittee created a baseline with outcomes and indicators for program support that require data, expenditures and outcomes for all program support activities. Mr. Vincent-Jones added that, while the Subcommittee has not finalized the report structure, it is likely to be similar to that used for the Assessment of Administrative Mechanism.

**MOTION #3:** Approve Program Support plan, priorities, and allocations, as presented (*Passed by Consensus*).

2. ***Systems Thinking Technical Assistance (TA):***

- Mr. Vincent-Jones reported that HRAS has approved a TA grant on systems thinking, a way of looking at what goes into a system compared with its outcomes. The format, described in a memorandum in the packet, should be especially helpful in developing the Comprehensive Care Plan and Priority- and Allocations-Setting.
- Training will consist of two, two-day seminars. The first, open to about 60 people, will explore basic concepts of systems thinking on April 19-20. The second, smaller group will initiate modeling of the Continuum of Care on May 17-18. Those wishing to attend the second 16-hour working seminar must attend the first.

**B. Finance Committee:**

1. ***OAPP Financial Information:***

- Mr. O'Brien noted the Committee did not meet due to its pending reorganization, but work continued.
- Mr. Young, Acting Director, OAPP, Financial Services, announced that Patricia Gibson, who had previously been on loan to the Bioterrorism unit, has accepted a permanent position there.
- Previous to her departure, there had been a Board motion requesting OAPP to present the following to the Commission: OAPP's annual operating budget; financial reports on CDC, State and NCC funding; and a breakdown of OAPP's total expenditures for administration, program, and program support. The items in the packet form the first such annual report to the Commission.
- OAPP's expenditures of \$84,581,000 for the LA County FY 2004-05 are broken down into salaries, employee benefits, services and supplies, other charges and fixed assets. Expenditures are identified as pertaining to program, program support or administration. “Program Support” in this context would pertain to such items as CaseWatch system staff.
- Mr. Young noted that the CDC, State and NCC expenditures reports were developed for the Commission to provide information on other funding streams. They are in the same format as the Title I and II reports currently provided, but the CDC utilizes a different fiscal year than do the State and NCC.
- Mr. Giugni asked what happens to “unspent funds.” Mr. Young replied that OAPP contracts more services than are covered by grants to maximize the funds since providers historically spend less than their contracted amounts. Although new contracts are no longer being allocated in that way, existing multiple-year contracts are.

- Mr. Engeran noted that a key to funding discussions had been OAPP's budget shortfall for administrative activities which had threatened care services. Understanding the context of such shortfalls was a key mover of the Board's action, yet expenditures cannot provide that context without budget variance information. That kind of understanding, he felt, would become more and more critical as declines in funding force hard choices.
- ➡ Mr. Vincent-Jones proposed a recap page of budget with actual expenditures. It was agreed to add awards where applicable and a recap page for context.
- ➡ Mr. Land asked if the CDC service categories could be better defined. Ms. Watt said the PPC had definitions and she would provide them for the next Commission meeting.
- Dr. Green suggested requesting data from all sources for a consistent time period to enhance comparison. Mr. Vincent-Jones said the Finance Committee had previously requested that, but had been told it was not feasible due to the work involved in aligning information from the varying fiscal years. He added that February had been chosen for the reporting month so that data was received in time to inform priority- and allocation-setting process.
- Mr. Engeran said the Board directive regarded an actual budget like that provided to the CAO to best evaluate how to address funding issues. While helpful, the information provided is not sufficient for that.
- Ms. Broadus recommended the Finance Committee review materials to determine what more information and clarification might be needed. Mr. Vincent-Jones replied the Committee had been working on the material since August. It first planned to refine the materials prior to bringing them to the Commission, but organizational changes delayed the process. The work is on-going and will be available for the priority- and allocation-setting process.
- Mr. O'Brien said the current documents are what were requested within the fiscal year constraints previously expressed by Ms. Gibson. He felt they do provide the information with some thought, though the aligned fiscal years offered by Dr. Green will be more helpful. He added that the County budget for OAPP has also been received, though not in time for presentation today. It is, however, very complex and does not readily provide a money trail.
- Mr. Young noted the Net County Cost (NCC) spreadsheet. NCC can pay for any service category. NCC funds some contracts originally; other grant programs are infused with NCC to compensate for insufficient funds. Mr. Vincent-Jones noted that sometimes OAPP allocates funds to a program beyond Commission allocations because of multi-year outstanding contracts. He added that the accompanying Board motion directed all pertinent departments to stop the practice of over-spending. That change is being rolled out with new contracts.
- Ms. Broadus asked for an overview of all HIV/AIDS funds coming into the County. Mr. Vincent-Jones noted that is part of the ongoing work, e.g., working with the Department of Mental Health to better understand their use of such resources. It will never be possible to track all such funds because most are not tracked separately.

2. **Financial Reports:** The materials were included in the packet.

C. **Recruitment, Diversity and Bylaws (RD&B) Committee:** Mr. Butler reminded the body that the Finance and RD&B Committees would meet jointly at the usual RD&B time of January 18<sup>th</sup> from 10:00 am to 12:00 noon.

1. **Non-Commission Committee Appointments:**

- Mr. Butler said this policy and procedure provides a means to implement the new opportunity in the Ordinance to appoint non-Commission members to committees in need of their expertise.
- It was opened for public comment at the December meeting. No comments were received.

**MOTION #4:** Adopt the proposed policy and procedure on Non-Commission Committee Appointments, as presented (*Passed by Consensus*).

2. **Member Nominations:**

- Mr. Butler called attention to the letter in the packet to Commissioners whose seats have or are expiring. They should discuss their continuing membership or nominations of replacements with their recommending entities.
- There is also a letter to SPNs and CABs in the packet requesting participation in the open nominations process.

3. **Membership Recruitment:**

- The Commissioner pledge of recruitment support in the packet should be signed and returned to staff.
- He emphasized the Commission is in dire need of Latinos, Asians and Native Americans to meet HRSA standards.

4. **Member Duty Statements:** The Title IV Member Duty Statement was put out for 30 days public comment.

D. **Standards of Care (SOC) Committee:**

1. **Food Vouchers:**

- Dr. Younai called attention to a memorandum in the packet that details the history of vouchers, the issues raised in December and the SOC's determination of those issues. She noted the vouchers are now being provided, not as a service, but as NCC-funded incentives to encourage nutrition therapy. This is consistent with the standards.
- Ms. Watt suggested that all points of entry into the system provide a SPA-based directory of food resources as a hand-out to new clients. Mr. Vincent-Jones noted information can be drawn from the HIV LA resource directory.

- She felt that using vouchers only as incentives for nutrition therapy is inadequate. She recommended finding a means to measure the value of vouchers, since vouchers ensure more real-world flexibility for such items as pain medication that affect overall health.
- Dr. Younai said the SOC remains willing to revise standards when appropriate measurements are available.
- Mr. Land noted a concern about distribution since the 5<sup>th</sup> District has limited resources. For example, some food banks are only open for four hours and, while they offer nutritional support, none are scheduled to receive vouchers. This exacerbates the additional problems of poverty and transportation common to the area.
- Mr. Pieribone said that distribution is based on the Geographic Estimate of Need (GEN). There are medical outpatient clinics with nutritionists in each SPA. Distribution will be similar to the mechanism used in the prior year. Vouchers are limited and were never meant to reach all those below the poverty level.
- Ms. Watt commented that funding is on a downward trend. Providers must hustle to find alternative resources like the many pharmacies that will provide 500 Advil for one dollar if the packaging is broken.

2. ***Case Management Review:***

- Dr. Younai reported continued SOC work to develop a model consistent with the new CARE Act Modernization requirement that 75% of service dollars are allocated to primary health care.
- Mr. Vincent-Jones said psychosocial case management was not included in the federal definition of medical case management. The goal is to remodel case management's services framework in such a way that it is consistent with a primary health care framework. There were two focus forums last November on the subject. The Commission will meet shortly with OAPP and the Case Management Task Force. The federal government could mandate compliance as early as March, though next year is more likely.
- Ms. Broadus said clients have told her they are disenrolled once stable. She asked how that would be affected. Dr. Younai said SOC is currently envisioning the initial assessment as a mechanism to determine further service needs and delivery. Ms. Palmeros noted there are now three acuity levels: low, high and severe. Most systems seek a "graduation level", but this system should instead seek a maintenance level since crises can erupt at any time. Mr. Vincent-Jones noted the mechanism for ensuring contact is still being developed in the aforementioned meetings.

3. ***Medical Outpatient Rate Studies:*** Discussed under the OAPP report.

**E. Public Policy Committee:**

1. ***CARE Act Reauthorization:***

- Mr. Engeran announced there would be an in-depth discussion of the Reauthorized legislation next month.
- He noted initial information in the packet. He emphasized how important it is to begin to frame the conversation of the future of the legislation which, unlike previous versions, sunsets on October 1, 2009.

2. ***Name-Based HIV Reporting:***

- The Office of Administrative Law has accepted the State regulations. They have been in effect since January 10<sup>th</sup> which means that names-reporting is in effect (although names case reports were being collected before). There is a public comment period that will not delay implementation, but may result in later adjustments. The regulations include a prohibition against faxing information.
- Dr. Frye said that HIV Epidemiology has waited for the regulations before addressing reporting by some of the larger providers. The regulations have clarified that labs require viral load reporting.
- The regulations are silent on retroactive reporting. County Counsel and other counsels agree that that retroactive reporting is prohibited. The prohibition will reduce reportable numbers significantly and may affect next year's funding.
- There are new pediatric and adult case report forms. They include name, address and social security number. Those items are not required, but other information is required for effective reporting.
- Mr. Land suggested the Commission help educate providers. Dr. Frye said it would help to let providers know that HIV Epidemiology can now offer on-site reporting help to providers. He added that providers should be aware that the HIPAA prohibition against reporting personal information to the local health authority has been repealed.

3. ***County's State Legislative Agenda:***

- Mr. Engeran called attention to the LA County State Legislative Agenda in the packet. It will guide County advocacy efforts for the 2007-08 session.
- He noted that the Commission has achieved a level of professionalism such that it is referenced as a source for recommendations and congratulated the Commission for this accomplishment.

**18. COMMISSION COMMENT:** There were no additional comments.

**19. ANNOUNCEMENTS:** There were no additional announcements.

## Commission on HIV Meeting Minutes

January 11, 2007

Page 8 of 8

---

**20. ADJOURNMENT:** Mr. Braswell adjourned the meeting at 1:30 pm in memory of: Ernesto Larrynaga; Larry Ornela; Marilyn Parker, mother of three; and a baby from SPA 3.

**A. Roll Call (Present):** Bailey, Baumbauer, Braswell, Broadus, Butler, Chavez, Engeran, Frye, Goddard, Goodman, Land, Long, McCoy, Nollado, O'Brien, Orozco, Palmeros, Smith, Taylor, Watt

<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #1:</b> Approve the Agenda Order with revision for Adjournment.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2:</b> Approve the minutes from the December 14, 2006 Commission meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2A:</b> Re-elected Anthony Braswell as Commission Co-Chair.	<i>Ayes: Bailey, Baumbauer, Butler, Chavez, Engeran, Giugni, Goddard, Goodman, Land, Long, Nollado, O'Brien, Orozco, Palmeros, Smith, Taylor, Younai</i> <i>Opposed: Broadus</i> <i>Abstention: Braswell</i>	<b>MOTION PASSED</b> <b>Ayes: 17</b> <b>Opposed: 1</b> <b>Abstention: 1</b>
<b>MOTION #3:</b> Approve Program Support plan, priorities, and allocations, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4:</b> Adopt the proposed policy and procedure on Non-Commission Committee Appointments, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>